

CITY OF ATLANTA
DEPARTMENT OF FINANCE
LICENSE DIVISION
55 Trinity Ave., S.W.
Suite 1350
Atlanta, Georgia 30335-0317
Fax 404.658.7465

Dear

In order to correct your Business License Record, it will be necessary for you to submit an amended Application on your actual gross volume of revenue and number of employees for the period of time operated in the year in question. Use separate form for each year (limited to current year's estimate and two previous years.)

Please complete the following form in its entirety and mail to us at the above address.

An Amended Application

License Number _____ year to be amended: _____

Business Name

Business Location Address

Dollar Volume to be amended to: \$ _____ .00

Employees to be amended to: _____

Give reason for this request: _____

Mailing Address:

Applicant's Signature

(Name)

(Street Address)

Sworn to and subscribed before me this the

_____ day of _____

(City)

(State)

2 _____

Current Telephone No: () _____

Notary Public, _____

Please return to: _____
Name